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FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004350 (3)

1. Corporation Name

AVIRNEX COMMUNICATIONS GROUP, INC.

Principal Place of Business

101 ROWLAND WAY
SUITE 300
NOVATO CA 94945
US

Mailing Address

101 ROWLAND WAY
SUITE 300
NOVATO CA 94945
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1995

4. FEI Number

68-0335484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFO
NAME KIRSHMAN, DAVID
STREET ADDRESS 651 VISTAMONT
CITY-ST-ZIP BERKELEY CA ☐ DELETE

TITLE ST
NAME HOOPER, MARLYS T
STREET ADDRESS 624 BISCAYNE DR.
CITY-ST-ZIP SAN RAFAEL CA 94901 ☐ DELETE

TITLE CEO
NAME HOOPER, RON
STREET ADDRESS 624 BISCAYNE DR.
CITY-ST-ZIP SAN RAFAEL CA 94901 ☐ DELETE

TITLE D
NAME GOYETTE, MARC L
STREET ADDRESS 16300 CHRISTENSEN ROAD SUITE 250
CITY-ST-ZIP SEATTLE WA 98188-3418 ☒ DELETE

TITLE D
NAME CASTNER, KEVIN R
STREET ADDRESS 600 CALIFORNIA ST., 8TH FL.
CITY-ST-ZIP SAN FRANCISCO CA 94108 ☒ DELETE

TITLE D
NAME PERRY, MARK
STREET ADDRESS 2490 SNAD HILL ROAD
CITY-ST-ZIP MENLO PARK CA ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME HOOPER, RON
3.3 STREET ADDRESS 624 BISCAYNE DR
3.4 CITY-ST-ZIP SAN RAFAEL CA 94901

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME PCEO
4.3 STREET ADDRESS BERNARD BETSY
4.4 CITY-ST-ZIP 402 RIDGE RD
NOVATO CA 94947

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME OPDENDYK, TERRY
5.3 STREET ADDRESS 2490 SAND HILL RD
5.4 CITY-ST-ZIP MENLO PARK CA 94025

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID KIRSHMAN 1/20/98 415 623-3012

CR2E034 (10/97)